



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Devens	Vladimir	P.	528-5003
MAILING ADDRESS (Street)			FAX
707 Richards Street, PH1			254-6872
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Winer Meheula & Devens, LLP			528-5003
MAILING ADDRESS (Street)			FAX
707 Richards Street, PH1			254-6872
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
SHOPO		847-4676
MAILING ADDRESS (Street)		FAX
1717 Hoe Street		841-4818
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96819-3125
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Rose Isoda		847-4676
MAILING ADDRESS (Street)		FAX
1717 Hoe Street		841-4818
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96819-3125

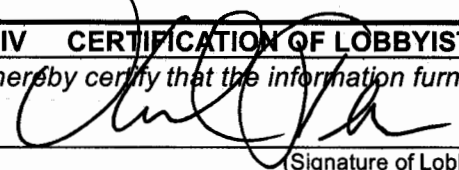
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

MAR 08 2005


(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Tenari Maafala

NAME OF ORGANIZATION (if applicable)

SHOPO

TELEPHONE

847-4676

MAILING ADDRESS (Street)

1717 Hoe Street
Honolulu, Hawaii 96819

FAX

841-4818

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

03.31.05
(Date)